FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
		(See instruction	ns)		Office use only
NAME OF COMMITTEE (iii	n full)	(Check if name is changed)	Example: If typying, type over the lines	12FE4M5	
AMERICAN F	RESORT DEVELOR	PMENT ASSOCIA	ATION RESORT OWNER	RS COALITION PA	AC (A-
ADDRESS (number an	d street)	15th Street, NW	<i>,</i> 		
(Check if add		e 400			
is changed)		hington		DC	20005 -
COMMITTEE'S E-MA	AIL ADDRESS		CITY▲	STATE▲	ZIP CODE ▲
sdepoy@arda	a.org	11111		1 1 1 1 1 1 1	
COMMITTEE'S WEE	B PAGE ADDRESS (L	JRL)			
		11111			
2. DATE 0	M / D D / Y	2 0 0 9			
3. FEC IDENTIFIC	ATION NUMBER		C C00358663		
4. IS THIS STATE	MENT NEV	V (N) OR	X AMENDED (A)	
I certify that I have exar	nined this Statement and	d to the best of my kno	wledge and belief it is true, corre	ect and complete	
Type or Print Name o	f Treasurer	Sandra Yartin De	ePoy		
Signature of Treasure	er Electronically File	ed by Sandra Ya	artin DePoy	Date 0 1	/ DD D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of t			y subject the person signing this	·	_
Office Use Only			For further informa Federal Election Cor Toll Free 800-424-99 Local 202-694-1100	mmission 530	FEC FORM 1 (Revised 12/2007)

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	FEC	Form 1 (Revised 12/2007)	Page 2			
5.		COMMITTEE (Check One) • Committee:				
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)				
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	he candidate			
	Name of Candidate					
	Candidate Party Affili		State District			
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate					
	Party Con					
	(d)	(National, State This committee is a (or subordinate) committee of the	(Democratic, Republican,etc.) Party.			
	Political A	Action Committee (PAC):				
	(e) X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization on line 6.) Its connected organization is a:			
		Corporation Corporation w/o Capital Stock La	bor Organization			
		X Membership Organization Trade Association Co	poperative			
	(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	d fund or party			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
	Joint Fund	draising Representative:				
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two ocommittees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
	Co	ommittees Participating in Joint Fundraiser				
		1. FEC ID number				
		2. FEC ID number				
		3. FEC ID number				
		4. FEC ID number C				
		FEC ID number				

	FEC Form 1 (Revised 12	/2007)		Page 3
W	rite or Type Committee Name		Committee, Leadership PAC Sponsor or Joint Fundraising Representative 15th Street, NW CITYA STATE ZIP CODE Committee Leadership PAC Sponsor Joint Fundraising Representative Tess, (phone number optional), and position of the person in 15th Street, NW 400	
	AMERICAN RESORT DE	VELOPMENT ASSOCIATION RESORT O	WNERS COALITION PAC	(ARDA-ROC PAC)
6. I	Name of Any Connected Org		.C Sponsor or Joint Fundraisi	ing Representative
	Mailing Address	1201 15th Street, NW		
		Suite 400		
		Washington	pc [20005
		CITY	STATE 🛕	ZIP CODE
	Relationship: X Connected Organization	Affiliated Committee Leadersh	nip PAC Sponsor Joint	Fundraising Representative
7.	possession of Committee			
		Suite 400		
		Washington		20005
	Title or Position ♥ Treasurer	•	222	
8.		and address (phone number optional) of t designated agent (e.g., assistant treasurer)		tee; and the
	Full Name of Treasurer Sandra	Yartin DePoy		
	Mailing Address	1201 15th Street, NW		
		Suite 400		
		Washington		20005 –
	Title or Position ♥	CITY A	STATE	ZIP CODE A

202

Telephone number

207

1071

Treasurer

FEC Form 1 (Revis	sed 12/2007)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY A	STATE A	ZIP CODE A
	Tele	ephone number	
9. Banks or Other Deposite safety deposit boxes or ma Name of Bank, Depository	aintains funds.	committee deposits funds, ho	lds accounts, rents
	omerica Securities		
Mailing Address	201 W. Fort Street		
	Detroit	MI	48226
	CITY 🗖	STATE⊿	ZIP CODE 🛕
Name of Bank, Depository	y, etc.		
Sm	nith Barney		
Mailing Address	1850 K Street, NW		
	Washington	DC	20006
	CITY 🛦	STATE▲	ZIP CODE 🛕

Banks or Other Depositories: safety deposit boxes or maintain	List all banks or other depositories in which the committee s funds	e deposits funds, ho	lds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Smith E	Barney		
Mailing Address	450 Lexington Avenue		
•	40th Floor		
	New York	NY	10017
	CITY 🛕	STATE. △	ZIP CODE 🛕
Name of Any Connected Orga	nization, Affiliated Committee, Leadership PAC Sponso	r or Joint Fundrais	[ADDITIONAL] ing Representative
Mailing Address			
		ا ليا	
elationship:	CITY	STATE A	ZIP CODE
Connected Organization	Affiliated Committee Leadership PAC Sponso	or Joint Fun	draising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
		. <u> </u>	
Title or Position ▼	CITY A	STATE 	ZIP CODE A
	Telephone	e number	
Joint Fundraiser Participant			[ADDITIONAL]
	FEC	ID number C	

Banks or Other Depositories: safety deposit boxes or maintain		deposits funds, ho	olds accounts, rents
Name of Bank, Depository, etc.			[ADDITIONAL]
Mailing Address			
	CITY 🛕	STATE ⊿	ZIP CODE 🛕
Name of Any Connected Orga	anization, Affiliated Committee, Leadership PAC Sponsor	or Joint Fundrais	[ADDITIONAL]
	pment Association Political Action Committee (A		
		1 1 1 1 1	
Mailing Address	1201 15th Street, NW		
Ividiling Address	Suite 400		
	, Washington	, DC , ,	20005
elationship:	CITY	STATE A	ZIP CODE
Connected Organization	X Affiliated Committee Leadership PAC Sponsor	Joint Fur	ndraising Representative
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Mailing Addices			
Title or Position ▼	CITY A	STATE▲	ZIP CODE A
	Telephone	number	
Joint Fundraiser Participant			[ADDITIONAL]
1		o number C	0 0 0 0 0 0
	1201		